

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Social Service			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1650	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 7/1/2015    End: 9/30/2015	
7. Submitted By Melissa Legleiter		8. Date Report Submitted 10/14/2015		9. FSR # 829	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$0.00	\$13,647.14
• Benefits/Grant Expenditure				\$0.00	\$2,191.87
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$256.92
• Salary/Grant Expenditure				\$0.00	\$10,638.45
• Supplies/Grant Expenditure				\$0.00	\$112.23
• Travel/Grant Expenditure				\$0.00	\$447.67
e. Total Recipient Share of Expenses				\$0.00	\$23,779.91
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$2,979.20
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$4,563.33
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$15,677.49
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$112.22
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$447.67
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$126,472.31
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$34,352.86
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$92,119.45
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Social Service			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1650	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 10/1/2015    End: 12/31/2015	
7. Submitted By Melissa Legleiter		8. Date Report Submitted 1/14/2016		9. FSR # 1351	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$13,647.14	\$12,557.69
• Benefits/Grant Expenditure				\$2,191.87	\$1,889.38
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$256.92	\$942.21
• Salary/Grant Expenditure				\$10,638.45	\$9,149.57
• Supplies/Grant Expenditure				\$112.23	\$82.05
• Travel/Grant Expenditure				\$447.67	\$494.48
e. Total Recipient Share of Expenses				\$23,779.91	\$24,982.40
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$2,979.20	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$3,217.90
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$4,563.33	\$1,500.00
• Other/Revenue Expenditure				\$0.00	\$3,008.98
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$15,677.49	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$16,761.04
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$112.22	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$447.67	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$494.48

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$88,932.22
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$21,795.17
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$67,137.05
Income:			
i. Total Income From Payer	\$24,000.00	\$0.00	\$24,000.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Charities of Southwest Kansas			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1650	5. Funding/Grant Period Start: 7/1/2015      End: 6/30/2016		6. Report Period Start: 1/1/2016      End: 3/31/2016	
7. Submitted By Melissa Legleiter		8. Date Report Submitted 4/15/2016		9. FSR # 2847	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$26,204.83	\$11,512.24
• Benefits/Grant Expenditure				\$4,081.25	\$1,663.91
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$1,199.13	\$672.82
• Salary/Grant Expenditure				\$19,788.02	\$8,467.76
• Supplies/Grant Expenditure				\$194.28	\$305.72
• Travel/Grant Expenditure				\$942.15	\$402.03
e. Total Recipient Share of Expenses				\$48,762.31	\$25,621.19
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$2,979.20	\$0.00
• Benefits/Revenue Expenditure				\$3,217.90	\$3,595.81
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$6,063.33	\$0.00
• Other/Revenue Expenditure				\$3,008.98	\$3,004.41
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$15,677.49	\$0.00
• Salary/Revenue Expenditure				\$16,761.04	\$18,299.27
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$112.22	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$447.67	\$0.00
• Travel/Revenue Expenditure				\$494.48	\$721.70

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$51,798.79
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$10,282.93
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$41,515.86
Income:			
i. Total Income From Payer	\$24,000.00	\$0.00	\$24,000.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Charities of Southwest Kansas				
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1650	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 4/1/2016	End: 6/30/2016	
7. Submitted By Melissa Legleiter		8. Date Report Submitted 7/25/2016		9. FSR # 3380		10. Final Report Yes
11. FSR Note						
12. Approved By Melissa Legleiter		13. Approved Date 7/25/2016				

Transaction Type	Award	Match	Revenue	Total
I. Total Obligated in Award Period	\$48,000.00	\$115,899.36	\$0.00	\$163,899.36
II. Expenditures Subtotal	\$10,282.93	\$29,709.98	\$0.00	\$39,992.91
1. Salary/Salary/Personnel-Direct	\$8,407.19	\$20,550.72	\$0.00	\$28,957.91
a. Amy Falcon, LBSW Case Manager	\$8,407.19	\$4,081.57	\$0.00	\$12,488.76
a. Amy Falcon, LBSW Case Manager	\$0.00	\$0.00	\$0.00	\$0.00
c. Deborah Snapp, Executive Director	\$0.00	\$473.57	\$0.00	\$473.57
d. Gina Pack, Administrative Assistant	\$0.00	\$898.89	\$0.00	\$898.89
d. Gina Pack, Administrative Assistant	\$0.00	\$0.00	\$0.00	\$0.00
f. Lori Titsworth, LBSW Case Worker	\$0.00	\$12,488.76	\$0.00	\$12,488.76
f. Lori Titsworth, LBSW Case Worker	\$0.00	\$0.00	\$0.00	\$0.00
h. Melissa Legleiter, Office Manager	\$0.00	\$637.38	\$0.00	\$637.38
i. Rebecca Ford, Marketing	\$0.00	\$1,970.55	\$0.00	\$1,970.55
2. Benefits	\$1,736.08	\$4,243.72	\$0.00	\$5,979.80
a. FICA @ 7.65%	\$643.15	\$1,572.13	\$0.00	\$2,215.28
b. Health Insurance @ 13%	\$1,092.93	\$2,671.59	\$0.00	\$3,764.52
3. Supplies	\$0.00	\$520.48	\$0.00	\$520.48
a. General Office Supplies	\$0.00	\$520.48	\$0.00	\$520.48
a. General Office Supplies	\$0.00	\$0.00	\$0.00	\$0.00
4. Travel	\$0.00	\$949.76	\$0.00	\$949.76
a. Local Mileage - 1200 miles @ .56/mile	\$0.00	\$949.76	\$0.00	\$949.76
b. Local Mileage - 2800 miles @ .56/mile	\$0.00	\$0.00	\$0.00	\$0.00
5. Other	\$139.66	\$3,445.30	\$0.00	\$3,584.96
a. Client Assistance	\$139.66	\$488.39	\$0.00	\$628.05
b. Rent & Utilities	\$0.00	\$2,324.92	\$0.00	\$2,324.92
c. Telephone, Internet, Computers	\$0.00	\$631.99	\$0.00	\$631.99
III. Revenue Subtotal	\$0.00	\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period	\$48,000.00	\$104,093.48	\$0.00	\$152,093.48
V. Total Revenue in Award Period	\$0.00	\$0.00	\$0.00	\$0.00
VI. Remaining Balance	\$0.00	\$11,805.88	\$0.00	\$11,805.88